

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041736

Entity Name: AKRB CORPORATION

FILED  
Jul 12, 2007  
Secretary of State

**Current Principal Place of Business:**

2233 PARK AVE.  
STE 500  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2233 PARK AVE.  
STE 500  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 56-2351566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERS, EUGENE  
2233 PARK AVE  
STE 500  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIVERS, EUGENE III  
Address: 2233 PARK AVE STE 500  
City-St-Zip: ORANGE PARK, FL 32073

Title: STD ( ) Delete  
Name: KAHLE, SANDRA  
Address: 2233 PARK AVE STE 500  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD ( ) Delete  
Name: ALTERS, PAT  
Address: 2233 PARK AVE STE 500  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: SULLIVAN, JONATHAN B  
Address: 560 ST CLAUDE PL  
City-St-Zip: ST JOHNS, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN SULLIVAN

D

07/12/2007

Electronic Signature of Signing Officer or Director

Date